

<b>Case Number:</b>	CM13-0032114		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	05/05/2010
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 69-year-old injured worker with a 5/8/08 date of injury. A 8/21/13 progress note documented that the patient continues to complain of low back pain that is better with rest by 20%. The patient also has constant bilateral leg radiculopathy, worse on the left; numbness, tingling, and radiating pain down the legs to the toes. Symptoms have worsened with prolonged standing, sitting, driving. The patient recently underwent lumbar epidural injections with worsening of symptomatology following injection. The patient had 5 previous lumbar spine epidural injections over a period of 5 years. He is currently undergoing physical therapy. Physical examination documented severely atrophied left bicep; palpable tenderness of bilateral lumbar paraspinal muscles; difficulty with toe heel walking and; 4/5 bilateral flexion; 4+/5 bilateral dorsi flexion; positive straight leg raising bilaterally; restricted range of motion in the lumbar spine; decreased sensation in bilateral lower extremities in the L5,S1 dermatomes; severe lumbar muscular spasms with difficulty moving in all directions. Treatment plan discussed failure of ESI and RFA. The patient was referred to an orthopedic surgeon, DME, additional PT, and electro diagnostic studies, as well as medication were requested. Treatment to date has included epidural injections; RFA, physical therapy, work modifications, and medication.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**TENS unit for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

**Decision rationale:** MTUS guidelines indicate that TENS therapy is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The submitted requested did not stipulate how long the TENS untis will be used, where and when as recommended by the guidelines, therefore it is not medically necessary.